

Applicant or Patentee: Tabakoff et al.
Serial or Patent No.: _____
Filed or Issued: _____

Atty Docket No. TBK-102-US

For COMPOUNDS, COMPOSITIONS AND METHOD SUITABLE FOR AMELIORATION OF WITHDRAWAL SYNDROMES AND WITHDRAWAL-INDUCED BRAIN DAMAGE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS

(37 C.F.R. 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN)

I hereby declare that I am

- () the owner of the small business concern identified below:
(X) an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Lhocla Research Corporation
ADDRESS OF CONCERN: 1200 Olive Street
Denver, Colorado 80220

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.12, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: COMPOUNDS, COMPOSITIONS AND METHOD SUITABLE FOR AMELIORATION OF WITHDRAWAL SYNDROMES AND WITHDRAWAL-INDUCED BRAIN DAMAGE PUT CASE TITLE HERE INSTRUMENTS by inventor(s): Tabakoff et al.
described in:

- () the specification filed herewith.
(X) PCT application no. PCT/US98/11312, filed June 5, 1998.
() patent no. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e). *NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. 1.27)

NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Boris Tabakoff
TITLE OF PERSON OTHER THAN OWNER: _____
ADDRESS OF PERSON SIGNING: _____

SIGNATURE: _____ DATE: _____

BTK

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **TBK-102-USN**

First Named Inventor **Tabakoff**

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOUNDS, COMPOSITIONS AND METHOD SUITABLE FOR AMELIORATION OF
WITHDRAWAL SYNDROMES AND WITHDRAWAL INDUCED BRAIN DAMAGE**
(Title of the Invention)

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **June 5, 1998**

as United States Application Number or PCT International

Application Number **PCT/US98/11312** and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
☐ I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) **60/048,848**
Filing Date (MM/DD/YYYY) **06/06/97
(June 6, 1997)**

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Arne M. Olson	30,203	Michael A. Hierl	29,807
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Seymour Rothstein	19,369	Daniel J. Deneufbourg	33,675

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	TALIVALDIS CEPURITIS		
Address	OLSON & HIERL, LTD.		
Address	20 NORTH WACKER DRIVE, 36TH FLOOR		
City	CHICAGO	State	IL
ZIP	60601		
Country	US	Telephone	(312) 580-1180
Fax	(312) 580-1189		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname		
Boris		TABAKOFF		
Inventor's Signature	B. Tabakoff		Date 7/1/98	
Residence: City	Elizabeth IL	State	IL	
Country	US		Citizenship	US
Post Office Address	1352 East Schappville Road			
Post Office Address				
City	Elizabeth	State	IL	
ZIP	61028		Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☒

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

DECLARATION

Name of Additional Joint Inventor, if any:
Given Name (first and middle [if any])

☐ A petition has been filed for this unsigned inventor
Family Name or Surname

SNELL

Date 7/14/98

Citizenship US

Inventor's Signature

Residence: City

Post Office Address

Post Office Address

City

Name of Additional Joint Inventor, if any:
Given Name (first and middle [if any])

☐ A petition has been filed for this unsigned inventor
Family Name or Surname

HOFFMAN

Date 7/14/98

Citizenship US

Inventor's Signature

Residence: City

Post Office Address

Post Office Address

City

Name of Additional Joint Inventor, if any:
Given Name (first and middle [if any])

☐ A petition has been filed for this unsigned inventor
Family Name or Surname

Date

Citizenship

Inventor's Signature

Residence: City

Post Office Address

Post Office Address

City

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

